

# Records Storage Center Access Authorization

## Instructions:

1. Type the information requested below.
2. Return completed form to:  
Supervisor, Records Storage  
Division of Archives and Records Management  
2300 Stuyvesant Avenue P.O. Box 307  
Trenton, NJ 08625

<b>Department</b>	<b>Division</b>		<b>Bureau, Section</b>	<b>Agency Number</b>
<b>Person Authorized</b>	<b>Title</b>	<b>Telephone Number</b>	<b>Access Restriction</b>	<b>Authorization Number</b>
I hereby authorize the personnel listed above to request and receive records of this agency which are stored at the New Jersey Records Storage Center.		<b>Agency Head or Official Signature</b>		<b>Title</b>
				<b>Date</b>